## JUN 2 1 2000

### APPENDIX III (510(k) Summary)

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**Product:** 

Memograph® Staple System

BioMedical Enterprises, Inc. (BME) intends to introduce additional indications for the Memograph® Staple System consisting of shape memory Nitinol staples (the "OSStaple<sup>TM</sup>") and accessories for setting and warming the staples to achieve compression.

### a. Submittor Information

BioMedical Enterprises, Inc. 14785 Omicron Drive, Ste. 205 San Antonio, Texas 78245 Telephone: (210) 677-0354 Contact: Dr. W. Casey Fox (President)

Date Prepared: June 12, 2000

b. <u>Classification name:</u> Staple, Fixation, Bone <u>Common/Usual Name:</u> Bone staple <u>Proprietary Name:</u> Memograph® Staple System, OSStaple<sup>TM</sup>

#### c. Intended Use:

Original indications for the Memograph® Staple System are as defined in 510(k) K993714. Additional indications for the OSStaple<sup>TM</sup> are the fixation of maxillofacial and mandibulofacial fractures and osteotomies

#### d. Device Description

The Memograph® Staple system consists of two and four prong staples for bone fragment and osteotomy fixation. The staple is fabricated from Nitinol. The staple's prongs are parallel during insertion. Application of an electrical current from the Warmsystem to the staple causes its prong to deflect inward. This inward deflection causes staple retention and compression across the osteotomy or fracture site.

#### e. Substantial Equivalence:

The OSStaple™ shares similar features and function with similar devices by Walter Lorenz Surgical.

These devices span a fracture or osteotomy site with a bridge or plate of implantable metal to provide rigidity. The bridge is mechanically anchored in sound cortical bone on adjacent sides of the fracture or osteotomy by screws. Screws use the force of an

inclined plane working against a solid substance to maintain positioning Shape memory alloys, when deflected, mimic the anchoring effect of the screw thread inclined plane on the cortex.

The Memograph® Staple System is substantially equivalent to devices as described herein. The FDA has classified these equivalent devices as Class II devices (e.g. 21 CFR 872.4760). The Memograph® Staple System is a Class II medical device.

The Warmsystem heating unit was approved via 510(k) K993714 and modifications are not required for the additional indications. The Warmsystem uses the joule (heating) effect of electrical current in a conductor to increase the temperature of the Nitinol staple (as the conductor) allowing it to return to its stable position thereby causing compression. Internal circuitry controls the heating effect and tissue damage by limiting current and time such that a limiting temperature of 55°C is achieved in a maximum of 5 seconds.

(Signaturc)

W. Casey Fox, Ph.D. P.E.

President

BioMedical Enterprises, Inc.

(Date)



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

# JUN 2 1 2000

Dr. W. Casey Fox President BioMedical Enterprises, Incorporated 14785 Omicron Drive, Suite 205 San Antonio, Texas 78245

Re: K001219

Trade Name: Memograph®, OSStaple™, Models AGM, BAC,

QMF, LAGM (Various Sizes)

Regulatory Class: II Product Code: JEY Dated: April 7, 2000 Received: April 17, 2000

Dear Dr. Fox:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sinderely/yours,

Timothy A. Ulatowski

Director

Division of Dental, Infection Control, and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

## **APPENDIX II (Indication For Use)**

Device Name: Memograph® Staple System

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(PLEASE DO NOT WRITE	BELOW THIS LINE-CON	ITINUE ON ANOTHER PAGE IF NEED	PED)
Conc	urrence of CDRH, Office o	f Device Evaluation (ODE)	
Prescription Use (Per 21 CFR 801.109)	OR	Over-The-Counter Use	
		(Optional Format 1-2-96)	
	(Division Sign-Off) Division of Dental, Infection (and General Hospital Devices 510(k) Number	Control,	